

# Infection Control Assessment and Response (ICAR) Prevention Frequently Asked Questions



## 1. What will happen during the Infection Control Assessment and Response (ICAR) prevention assessment?

You can expect the remote or on-site assessment to last no more than one half day (e.g., a remote assessment should take approximately 1-2 hours). A small team, which may be comprised of staff from the local and state health departments, will be invited to participate with the healthcare facility (HCF) staff and ICAR Prevention Team to conduct the assessment. During the assessment, our team will conduct an interview with administration and infection prevention staff, observe infection prevention related practices (when applicable), provide train-the-trainer materials, educational resources, and provide qualitative feedback. Upon completion, the facility will receive pertinent resources and tools that may be utilized to enhance infection prevention practices in your facility. A "Certificate of Appreciation" will be provided to recognize collaboration with the ICAR Prevention Team.

## 2. Which members of the healthcare facility team should participate in the assessment?

Suggested participants may include, but are not limited to, representatives from the facility's administration, nursing, infection prevention, pharmacy, respiratory, environmental services, and participants from interested departments. Key participants are suggested for certain domains of the assessment tool (e.g., the Respiratory Services Manager during the ventilator associated event prevention domain).

## 3. Will the assessment be considered a state inspection?

**No, this assessment is not an inspection or survey.** The ICAR prevention assessment represents a voluntary collaboration between the ICAR Prevention Team, local health department, and partnering HCFs to improve infection prevention practices. Consultative assessment dates are mutually planned and all assessments are announced in advance of the visit. ***The ICAR Team is a non-regulatory group.*** Individual assessment documentation will not be shared with the Division of Health Facility Survey & Field Operations (HFS&FO) unless an egregious violation is observed (e.g., reusing a needle or syringe on multiple patients).

## 4. What kind of infection prevention breach is considered egregious?

A breach is a deviation from recommended practices. Some are minor, others are major. The Centers for Disease Control and Prevention (CDC) refers to major deviations as "egregious" or "Category A," which are gross mistakes in infection control practices, typically with identifiable risk. These practices have been associated with bloodborne pathogen transmission in the past, therefore there is a very high likelihood of blood exposure as a result of the breach. Examples of "Category A" errors include the reuse of needles or syringes between patients or the reuse of contaminated syringes to access multi-dose medication vials or intravenous fluid bags. In the event of observing a "Category A" breach, the ICAR Team is mandated to report to HFS&FO. "Category B" breaches involve an anticipated lower likelihood of blood exposure when compared to a "Category A" breach. More information can be found here: [https://www.cdc.gov/hai/outbreaks/steps\\_for\\_eval\\_ic\\_breach.html](https://www.cdc.gov/hai/outbreaks/steps_for_eval_ic_breach.html).

## **7. What is the assessment tool and how will it be used?**

The assessment tools were developed by the CDC as part of a nation-wide initiative to simultaneously assess and guide HCF adherence to basic infection prevention practices and performance improvement activities. Setting specific assessment tools were developed for acute care hospitals, long-term care facilities, hemodialysis centers, and other outpatient settings. Prior to the assessment, facilities will receive a setting specific assessment tool for completion which will be reviewed during the assessment to guide, inform, and stimulate discussion. These assessment tools create an opportunity for crucial self-assessment. Transparency is essential to gain optimal benefit from this experience. These tools are available at: <http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>.

## **8. Will we receive a report of your findings?**

Yes. The facility will receive an individualized summary report of the assessment approximately one to two weeks following the assessment. If your facility does not want to receive a report, please let the team know during the assessment. This is not a deficiency report; instead this summary highlights strong facility practices, identifies opportunities for improvement, and provides recommendations to support your current infection prevention and control practices. The ICAR Prevention Team is available at [CDS.ICAR@doh.nj.gov](mailto:CDS.ICAR@doh.nj.gov) to share additional resources, provide support and/or guidance as necessary.

## **9. What will happen to the information I provide during the prevention assessment?**

During the assessment, relevant information that is needed to complete the assessment tool will be collected. Once the tool has been completed, the tool will be de-identified and limited "Yes/No" information may be used for statewide education initiatives.

## **10. Who can I contact for additional information?**

For more information, please contact the ICAR Prevention Team at 609-826-5964 or [CDS.ICAR@doh.nj.gov](mailto:CDS.ICAR@doh.nj.gov). For additional information on the assessment please visit <http://www.nj.gov/health/cd/topics/hai.shtml>.